

## **Exhibit 2; Inmate Clergy Record**

## Oklahoma State Penitentiary

## Inmate's Clergy/Spiritual Advisor/Minister Request Form &amp; Verification Process

Inmate requesting Clergy/Minister approval for Clergy visits, phone calls, officiate marriages, hospice/end-of-life visit or attend their execution, etc. Inmate is required to complete the minimum amount of information, as indicated by the \***Bold** typed areas, so the Chaplain can obtain the remaining information required for the verification/vetting process.

\*Inmate Name: Scott Kizember \*DOC # 497824 \*Unit/Cell: A-4-15

\*Clergy/Minister Name: Jeffery Hood \*Office Phone: (404) 210-6760

\*What are you requesting this Clergy/Minister to do? (Please check one or more)

|   |                                       |   |
|---|---------------------------------------|---|
| <input checked="" type="checkbox"/> Clergy Visitation     | Clergy Response: <u>yes</u> <u>JH</u> | viaticum - the giving of <del>the</del> the Eucharist at the time of death in execution chamber |
| <input checked="" type="checkbox"/> Clergy Phone Calls    | Clergy Response: <u>yes</u> <u>JH</u> |   |
| <input checked="" type="checkbox"/> Clergy Correspondence | Clergy Response: <u>yes</u> <u>JH</u> |   |
| <input checked="" type="checkbox"/> Officiate Marriage    | Clergy Response: <u>yes</u> <u>JH</u> |   |
| <input checked="" type="checkbox"/> Attend Execution      | Clergy Response: <u>yes</u> <u>JH</u> |   |

JH yes ☒ Other (Please explain): Be present in execution chamber before I am brought into chamber, laying on of hands, converse with me before, during and through my dying breath and beyond until I am officially declared dead by a qualified Physician. Thank You

\*Inmate's Signature: Scott Kizember \*Date: 11/25/22

## Clergy Information

(This portion is to be completed by the Clergy)

Religious Organization/Affiliation: Old Catholic Church / Diocese of Saint-Bernard

Bishop (Leader) Name: Bishop James St-Gary Email: Fatherjim@clairvaux

Office Address: 654 Bethlehem Pike my saint miriam- org

City: Flourtown State: PA Zip Code: 19031-1301

Office Phone: (215) 836-9800 Cell Phone: (267) 477-7603

Is this inmate a family member? ☐ Yes ☒ No

\*If yes, what is the relation to this inmate? \_\_\_\_\_

Clergy/Minister Credential County Courthouse Registration:

State: \_\_\_\_\_ County: \_\_\_\_\_ MC - \_\_\_\_\_ or Book #: \_\_\_\_\_ Page #: \_\_\_\_\_

Comments: \_\_\_\_\_

Clergy Signature: [Signature] Date: 12/4, 2022

**OKLAHOMA DEPARTMENT OF CORRECTIONS  
REQUEST FOR RECORD**

PLEASE RESPOND TO:

David Prince  
Requesting Employee Name

Oklahoma State Penitentiary  
Facility Name

PO Box 97 McAlester, OK 74502 -  
Facility Mailing Address 0097

**THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY**

Please furnish information as indicated concerning the below-described person.

Hood Jeffrey Kyle  
Last Name First Name Middle Name

Alias(es)/any other names by which subject is known

**Please indicate reason for request (check one):**

☒ Volunteer ☐ Intern ☐ CLEET Certification

☐ Employee background Position being applied for: \_\_\_\_\_

☐ Visitor check Offender/inmate name & ODOC #: \_\_\_\_\_

☐ Offender/inmate ☐ Parole ☐ Sex Offender ☐ PSI

☐ Early termination ☐ New case ☐ Delayed sentence ☐ Absconder

☒ Other: Clergy

10923 Breckenridge Dr. Little Rock AR 72211  
Address (street, rural route, box #) City State Zip Code

10/30/1983 male white hazel brown 5'7" 170  
DOB GENDER RACE EYE COLOR HAIR COLOR HEIGHT WEIGHT  
(mm/dd/yyyy) R

259 71 2345 NC 0000 308 57239  
SOCIAL SECURITY NO. DRIVER LICENSE NO. FBI NO. OSBI NO.

**Records requested:**

☐ FBI Record Transcript ☐ NCIC — Wanted  
☐ OSBI Record Transcript ☐ Out of State Criminal History — State: \_\_\_\_\_  
☐ Department of Public Safety Record ☐ Out of State Driver's License — State: \_\_\_\_\_  
☐ Other Information Needed: \_\_\_\_\_

I certify that the information applied for is necessary in the interest of the due administration of the laws and not for the purpose of assisting a private citizen or for personal use.

Rev. Dr. J. H. J.  
Signature

ORI No.

12/4/22  
Date

DOC 090211B (R 08/21)

**AUTHORIZATION TO RELEASE INFORMATION**

To Whom It May Concern:

I hereby request and authorize you to furnish the Oklahoma Department of Corrections with any and all information they may request concerning my work record, educational history, military record, and general reputation. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for volunteer status with the Oklahoma Department of Corrections. This authorization is valid as long as I am a volunteer with the Oklahoma Department of Corrections.

I hereby release you and your organization from any liability of damage that would result from furnishing the information requested above.

Rev Dr. Jeff Hood - Dec 3 2022  
SIGNATURE OF APPLICANT DATE  
Rev Dr. Jeff Hood

To The Applicant:

Due to the nature of the work for which you have applied, we may need to check records pertaining to your background. To properly verify your identity, please complete the following information:

10/30/1983 male  
Date of Birth (mm/dd/yyyy) Gender

Race or Ethnic Group:

- |   |                                      |
|---|--------------------------------------|
| <input checked="" type="checkbox"/> White | <input type="checkbox"/> Black       |
| <input type="checkbox"/> American Indian  | <input type="checkbox"/> Hispanic    |
| <input type="checkbox"/> Asian            | <input type="checkbox"/> Other _____ |